Rural Will Exceed Rising Quality Expectations

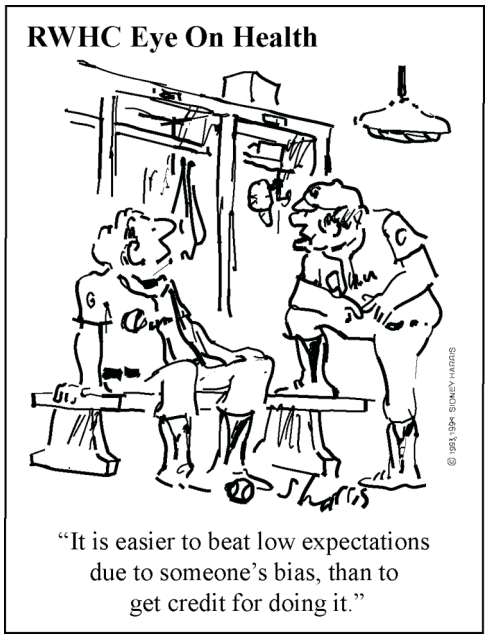
by Tim Size, Executive Director, Rural Wisconsin Health Cooperative

When you talk about the quality of rural health care, the most important work to date is the Institute of Medicine's 2005 Report, *Quality Through Collaboration, the Future of Rural Health*. It states that rural communities are assumed to have the same quality challenge as urban communities. Although the evidence specific to rural hospitals is limited, what there is supports the general finding for all hospitals, "that the level of quality falls far short of what it should be." In other words, the quality of American healthcare needs to significantly improve and the quality of care at hospitals in rural communities has not been shown to be better or worse than the quality of care provided in urban hospitals. Two members of the Committee went on to emphasize these key points:

> "Most quality initiatives in the United States have been developed with urban health care in mind and have not always been applicable to rural health care settings." Mary Wakefield, chair of the committee that wrote the Institute of Medicine's rural report.

> "Rural hospitals that survive will be those that demonstrate they are able to provide good quality care." Ira Moscovice, Director, Rural Health Research Center, University of Minnesota.

Bill Sexton, President of the National Rural Health Association, during his keynote at Wisconsin's rural health conference this year, reminded us that rural hospitals can demonstrate excellence. He quoted extensively from an independent study of hospitals in the state of Washington that looked at readmission rates for several common surgical procedures, an important quality indicator. Bottom line: hospitals in rural communities typically had comparable to better rates than their urban counterparts.



Closer to home, rural hospital performance looks good on CheckPoint, the Wisconsin Hospital Association's public reporting program for quality and error prevention measures. Scores are available on the CheckPoint website for 14 Medical Services quality indicators for those rural hospitals with sufficient data to be "statistically relevant." The average score of these rural Wisconsin hospitals was as good or better than the national average for all hospitals, urban and rural, on 12 of the 14 measures. It is agreed that all hospitals need to be better, but this is evidence that rural hospitals are not lagging behind.

Participants in RWHC's Quality Director's Roundtable were asked last summer, "what would you advise a colleague if you were asked what were the most important quality initiatives for a rural hospital?" They shared generously and demonstrated the straightforward common sense characteristic of so many people working in rural health.

The Quality Directors emphasized making data collection and feedback to hospital staff a priority; to collect data on patient care processes and outcomes and continually report in a format that is easy to

read. They promoted working to improve performance on Joint Commission on Accreditation of Healthcare Organizations' core measures for congestive heart failure, acute myocardial infarction and community acquired pneumonia as well as to improve performance on the Joint Commission's National Patient Safety Goals. They focused on changing care systems such as requiring site marking, implementing bar code scanning for medication administration and developing Care Pathways to deliver more consistent higher quality of care. Perhaps most importantly they talked about assuring a hospital work culture that is non-punitive, focuses on teamwork and is organized into small quality action teams.

An initiative by RWHC hospitals over fifteen years ago led to the development of the RWHC Quality Indicators Program, now providing data collection and management for more than 100 facilities representing over twenty states. It is one of two rural-based performance measurement systems on the Joint Commission's list of acceptable systems. Participants include both Critical Access Hospitals and Prospective Payment Hospitals. Regardless of the organization's status, participation is clearly based on the ability of the RWHC Quality Indicators Program to provide easy access to facility-specific data that is relevant for both quality improvement and benchmarking.

We have entered a period of expanding public reporting with too many groups with differing reports claiming to speak for what the public needs to know. But this will settle down into a more uniform and consistent set of expectations for all hospitals, including hospitals located in rural communities. In the meantime it is critical that at least some measures begin to reflect the real context of rural health. Ira Moscovice and colleagues at the University of Minnesota have taken up this challenge and are, with major input from the field, developing "quality measures for core rural hospital functions such as triage, stabilization and transfer, emergency care and integration of care with other local providers which are not considered in existing quality measurement sets."

Mary Wakefield sums it up best: "capitalizing on their unique strengths, rural communities and health care systems can meet the expectations associated with delivering the highest quality of care possible."